

## **PaedCCF**

### **Purpose**

PaedCCF provides feedback from patients and carers on a doctor's performance. The reliability and validity of PaedCCF has been evaluated in its development and implementation stage, and it has proved to be a robust assessment tool. PaedCCF generates structured feedback which can be used as part of personal development planning and is suitable for use by a wide range of practitioners both those in training and those in practice.

### **Completing PaedCCF**

Tests on reliability suggests about 25 raters are required. Although it may be thought that it would be useful to get views from the children themselves would be useful, children have been shown to be very unreliable raters and many more raters are required if children are included. Therefore this tool has been validated only for adult raters who are caregivers of the child. It has also only been validated for use in outpatient practice.

### **Administration of PaedCCF**

Forms should be given to caregivers of children attending outpatients. In practice as return rates are often low it is often necessary to give out about 50 forms to ensure 25 are returned for validity. Individual patient caregivers should not be selected but forms should be distributed to all families attending a specific clinic so as to avoid bias of selecting out those caregivers that might be predicted to give adverse feedback. Forms can be distributed in several clinics to obtain the requisite number of returned forms. It is best that the forms are given out by clinic staff, without prior knowledge of the doctor concerned so that s/he does not alter their performance knowing s/he is being monitored. Completed forms can be put into a collecting box after clinic.

More details on the method can be found in *McGraw M, Fellows S, Long A, Millar H, Muir G, Thomson A, Uddin S, Watt J, Williams S. Feedback on doctors' performance from parents and carers of children: a national pilot study. Arch Dis Child. 2012;97(3):206-10*

### **Feedback**

Where electronic analysis is not possible the educational supervisor should review the scores and free text comments. The rating scale 3 is 'the same as most doctors' and would thus be the 'average' score one might expect to see. However parents and caregivers are generous and use the higher end of the rating scale so the mean score for most questions for most doctors is between 4 and 5. The results from this tool are intended to be used formatively. A single result or remark should not be taken in isolation. Should negative remarks have been included in the free text by parents/caregivers, the educational supervisor should review these constructively with the trainee.